

# The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

## PETITION FOR SUPPORT

DCSE # \_\_\_\_\_

Petitioner

|                        |                         |
|------------------------|-------------------------|
|                        |                         |
| Address                |                         |
|                        |                         |
| vs                     |                         |
|                        |                         |
| Attorney               | Employer Name & Address |
| Hm Ph#                 | PH#                     |
| Wk Ph#                 |                         |
| Social Security Number | DOB                     |
| Driver License #       | State                   |

Respondent

|                        |                         |
|------------------------|-------------------------|
|                        |                         |
| Address                |                         |
|                        |                         |
| vs                     |                         |
|                        |                         |
| Attorney               | Employer Name & Address |
| Hm Ph#                 | PH#                     |
| Wk Ph#                 |                         |
| Social Security Number | DOB                     |
| Driver License #       | State                   |

File Number(s)

Petition Number(s)

Other State #

IN THE INTEREST OF: (Include last name.)

Name DOB

Social Security Number

Name DOB

Social Security Number

Name DOB

Social Security Number

Name DOB

Social Security Number

Name DOB

Social Security Number

Name DOB

Social Security Number

- RESPONDENT owes legal duty of support to PETITIONER.

1. PETITIONER requires the sum of \$\_\_\_\_\_ per \_\_\_\_\_ for spousal support.

- RESPONDENT owes legal duty of support to Children.

1. PETITIONER requests that the Delaware Child Support Formula be used to determine the appropriate obligation.

☐ PETITIONER requests that the RESPONDENT be ordered to provide Medical Support in the form of health insurance for the child(ren); to provide the PETITIONER with current insurance documents; and to provide unreimbursed health care expenses as required by the Delaware Child Support Formula.

☐ PETITIONER requests that the RESPONDENT be ordered to pay support retroactive to \_\_\_\_\_ (up to a maximum of two years prior to the date of filing), with credit given for support provided, if any.

2. PETITIONER alleges the following:

- RESPONDENT has refused or failed to comply with said duty without just cause.
- RESPONDENT has been providing some support.

WHEREFORE, PETITIONER prays that a Summons be issued to RESPONDENT.

Date

Petitioner/Attorney